Case Name:	Case Worker:	<u> </u>
Case Number:	Date:	
**************	*************	**
	ND PREPARE STATEMENT FOR FOOD STAMP HOUSE	
I state that I do (or will after appro	oval) purchase and prepare my household's	meals separately from the
following persons (list names):		
		<u>—</u>
Signature	Date	
****	*********	**

ANYONE WHO OBTAINS, ATTEMPTS TO OBTAIN, OR AIDS ANY OTHER PERSON TO OBTAIN ASSISTANCE BY MEANS OF A WILLFULLY FALSE STATEMENT OR MISREPRESENTATION OR OTHER FRAUDULENT DEVICE, MAY BE SUBJECT TO A FINE OR IMPRISONMENT (OR BOTH), AND ANY OVERPAYMENT RECEIVED WILL BE SUBJECT TO RECOVERY.

NOTICE

Distribution: Original - casefile; Copy - Client.